

**GRANT AMENDMENT**

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the “State”) and Gifford Health Care, Inc. (hereafter called the “Subrecipient” that the grant agreement (#03410-2205-21) on the subject of administering the Blueprint for Health program initiatives in the Randolph, Vermont Health Service Area, effective October 1, 2020, is hereby amended to be retroactively effective March 1, 2021 as follows:

- 1. By deleting Part 1-Grant Award Detail on page 1 of 39 of the base agreement and replacing it with the following Part 1- Grant Award Detail:**

STATE OF VERMONT GRANT AGREEMENT				Part 1-Grant Award Detail			
SECTION I - GENERAL GRANT INFORMATION							
<sup>1</sup> Grant #: 03410-2205-21				<sup>2</sup> Original <input type="checkbox"/>		Amendment # <input type="checkbox"/> 2	
<sup>3</sup> Grant Title: Blueprint for Health Gifford Medical Center Hospital HSA							
<sup>4</sup> Amount Previously Awarded:		<sup>5</sup> Amount Awarded This Action:		<sup>6</sup> Total Award Amount:			
\$144,375.00		\$2,016.00		\$146,391.00			
<sup>7</sup> Award Start Date: 10/01/2020		<sup>8</sup> Award End Date: 09/30/2021		<sup>9</sup> Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<sup>10</sup> Vendor #: 332005		<sup>11</sup> Grantee Name: Gifford Health Care, Inc					
<sup>12</sup> Grantee Address: 44 South Main Street							
<sup>13</sup> City: Randolph			<sup>14</sup> State: VT		<sup>15</sup> Zip Code: 05060		
<sup>16</sup> State Granting Agency: AHS/Department of Vermont Health Access					<sup>17</sup> Business Unit: 03410		
<sup>18</sup> Performance Measures:		<sup>19</sup> Match/In-Kind: Description:					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
<sup>20</sup> If this action is an amendment, the following is amended:							
Amount: <input checked="" type="checkbox"/>		Funding Allocation: <input type="checkbox"/>		Performance Period: <input type="checkbox"/>		Scope of Work: <input checked="" type="checkbox"/> Other: <input type="checkbox"/>	
SECTION II - SUBRECIPIENT AWARD INFORMATION							
<sup>21</sup> Grantee DUNS #: 073983827			<sup>22</sup> Indirect Rate: %		<sup>23</sup> FFATA: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<sup>24</sup> Grantee Fiscal Year End Month (MM format): 9			(Approved rate or de minimis 10%)		<sup>25</sup> R&D: <input type="checkbox"/>		
<sup>26</sup> DUNS Registered Name (if different than VISION Vendor Name in Box 11):							
SECTION III - FUNDING ALLOCATION							
STATE FUNDS							
Fund Type	<sup>27</sup> Awarded Previously	<sup>28</sup> Award This Action	<sup>29</sup> Cumulative Award	<sup>30</sup> Special & Other Fund Descriptions			
General Fund	\$24,293.83	\$338.05	\$24,631.88				
Special Fund			\$0.00				
Global Commitment (non-subrecipient funds)	\$43,686.21	\$611.09	\$44,297.30				
Other State Funds			\$0.00				
FEDERAL FUNDS (includes subrecipient Global Commitment funds)				Required Federal Award Information			
<sup>31</sup> CFDA#	<sup>32</sup> Program Title	<sup>33</sup> Awarded Previously	<sup>34</sup> Award This Action	<sup>35</sup> Cumulative Award	<sup>36</sup> FAIN	<sup>37</sup> Fed Award Date	<sup>38</sup> Total Federal Award
93.778	Medicaid Assistance Program	\$24,293.83	\$338.06	\$24,631.89			
<sup>39</sup> Federal Awarding Agency:		<sup>40</sup> Federal Award Project Descr:					
93.778	Medicaid Assistance Program - Global Commitment (sub-recipient funds)	\$52,101.13	\$728.80	\$52,829.93			
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
Total Awarded - All Funds		\$144,375.00	\$2,016.00	\$146,391.00			
SECTION IV - CONTACT INFORMATION							
<sup>41</sup> STATE GRANTING AGENCY				<sup>42</sup> GRANTEE			
NAME: Julie Parker				NAME: Patrick Clark			
TITLE: Project Administrator				TITLE: Program Administrator			
PHONE: (802) 760-8467				PHONE: (802) 728-7712			
EMAIL: Julie.Parker@vermont.gov				EMAIL: PTClark@Giffordmed.org			

**2. By deleting Attachment A, Scope of Work Section 2.2 in its entirety and replacing it with the following:**

**2.2 Self-Management Program Reporting**

From October 1, 2020 through September 30, 2021, the Subrecipient will:

- Maintain the Self-Management Programs that are occurring in the HSA;
- Deliver at least five (5) Self-Management Program workshops focused on diabetes (e.g., CDC Diabetes Prevention Programs, SMRC Diabetes Self-Management Program) and best practice group tobacco cessation (such as Fresh Start or other TTS-facilitated workshops). These workshops can either be delivered independently or in collaboration with another HSA. The State will reimburse the Subrecipient for pre-approved expenses associated with this scope of work. The Subrecipient may also deliver other programs, such as the Self-Management Resource Center (SMRC) suite of offerings, Health Coaches for Hypertension Control, and Wellness Recovery Action Planning Program (WRAP), to address specific needs in the community. WRAP cannot be offered in a virtual format. Therefore, WRAP cannot be offered until it is either in alignment with Vermont COVID-19 guidelines, or until Vermonters can gather in-person safely;
- Refer interested participants from their HSA to other HSAs offering virtual classes of interest and track these referrals in the Blueprint Portal.
- Provide technical assistance and course maintenance on the Vermont Health Learn platform for all HSAs.

**3. By deleting the Budget Table in Attachment B, Payment Provisions Section 18, and replacing it with the following:**

**18. Approved Budget for the Grant Term:**

October 1, 2020 – September 30, 2021

<b>Budget Category</b>	<b>Amount</b>
Program Management	\$80,000.00
Self-Management Regional Coordination	\$38,266.00
Tobacco Master Trainer	\$375.00
Self-Management Program Costs	\$21,250.00
Travel, Training, and Other Expenses	\$6,500.00
<b>Total</b>	<b>\$146,391.00</b>

The Subrecipient may request, in writing, approval by the State to reallocate funds across budget categories if necessary, to accomplish grant deliverables. The Subrecipient may also request, in writing, approval by the State to carry forward funds across quarterly periods if necessary, to accomplish grant deliverables.

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